

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|--|-----------------------------------|---|--------------------------|-----------|
| 1 Date of Request: <u>2/23/04</u> | | 2 Serial/Patent # <u>10/633032</u> | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| | Filing | | | \$ |
| | Amendment | | | \$ |
| | Extension of Time | | | \$ |
| | Notice of Appeal/Appeal | | | \$ |
| <input checked="" type="checkbox"/> | Petition | <i>None</i> | <i>11/5/03</i> | \$ 130.00 |
| | Issue | | | \$ |
| | Cert of Correction/Terminal Disc. | | | \$ |
| | Maintenance | | | \$ |
| | Assignment | | | \$ |
| | Other | | | \$ |
| | | | 7 TOTAL AMOUNT OF REFUND | |
| | | | \$ 130.00 | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | |
| | | Treasury Check | | |
| | | Credit Deposit A/C #: | | |
| | | 9 500--0887 | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | |
| <div style="font-family: cursive; font-size: 1.2em;">PTO lost the papers</div> | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: <u>Paul Shanowski</u> | | TITLE: <u>Attorney</u> | | |
| SIGNATURE: <u><i>Paul Shanowski</i></u> | | PHONE: <u>305-0011</u> | | |
| OFFICE: <u>Off of Petitions</u> | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: <u><i>[Signature]</i></u> | | DATE: <u>2/23/04</u> | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: